

Pertussis Case Worksheet

Patient Name: _____

DOB: _____

☐ Male ☐ Female

Race: _____ Ethnicity: _____

Address: _____

Phone: _____

City: _____ State: ☐ AK Other: _____

Health Care Provider: _____

Phone: _____

Contact to a lab-confirmed case? ☐ Yes ☐ No ☐ Unknown

If **YES**, contact's name: _____

Symptoms:

Cold-like symptoms ☐ Yes ☐ No #days ill _____ Date of onset: ____/____/____

Cough ☐ Yes ☐ No #days ill _____ Date of onset: ____/____/____

Paroxysmal cough ☐ Yes ☐ No

Whoop ☐ Yes ☐ No

Post-tussive vomiting ☐ Yes ☐ No

Apnea ☐ Yes ☐ No

Seen by HCP? ☐ Yes ☐ No

Weight: _____

Complications: ☐ Yes ☐ No

If **YES**, describe: (i.e., pneumonia, seizures, etc.) _____

Chest x-ray: ☐ Yes ☐ No Date: ____/____/____ Findings: _____

Laboratory: ☐ Nasopharyngeal ☐ Other: _____

Specimen to ASPHL ☐ Yes ☐ No Date: ____/____/____

Culture ☐ Yes ☐ No Date: ____/____/____ ☐ Positive ☐ Negative ☐ Unk

PCR ☐ Yes ☐ No Date: ____/____/____ ☐ Positive ☐ Negative ☐ Unk

Treatment:

☐ Azithromycin (Zithromax) ☐ 5 day course or Other: _____ Date: ____/____/____

☐ Clarithromycin (Biaxin) ☐ 7 day course or Other: _____ Date: ____/____/____

☐ Trimethoprim-Sulfa TMP-SMX (Bactrim, Septra) Dose/Duration: _____ Date: ____/____/____

☐ Other: _____ Dose/Duration: _____ Date: ____/____/____

Environment:

Number in household _____

Childcare/School name: _____

Contacts to index case \leq 1 yr of age? ☐ Yes ☐ No

Childcare/School address: _____

3rd trimester pregnant female in household? ☐ Yes ☐ No

Childcare/School phone: _____

Babysits? ☐ Yes ☐ No

Grade/Teacher: _____

Attends childcare? ☐ Yes ☐ No School? ☐ Yes ☐ No

Comments: _____

List names of close contacts on Pertussis Contact Worksheet if this is a case of pertussis.

Pertussis Containing Vaccine History*

***Document only medically verified pertussis vaccine, (i.e., school records, immunization card, health care provider records. Parent/guardian verbal report is not a medically verified report).**

Patient Name: _____ **DOB:** _____

DTaP/Tdap Immunization and Date

Dose 1 _____

Dose 2 _____

Dose 3 _____

Dose 4 _____

Dose 5 _____

Dose 6 _____

2010 Case Definition

CSTE Position Statement Number: 09-ID-51

Case classification

Probable: In the absence of a more likely diagnosis, a cough illness lasting ≥ 2 weeks, with at least one of the following symptoms:

- paroxysms of coughing;
- inspiratory "whoop"; or
- post-tussive vomiting; AND
- absence of laboratory confirmation; and
- no epidemiologic linkage to a laboratory-confirmed case of pertussis.

Confirmed:

Acute cough illness of any duration, with isolation of *B. pertussis* from a clinical specimen; OR

Cough illness lasting ≥ 2 weeks, with at least one of the following symptoms:

paroxysms of coughing;

inspiratory "whoop"; or

post-tussive vomiting; AND

polymerase chain reaction (PCR) positive for pertussis;

OR

Cough illness lasting ≥ 2 weeks, with at least one of the following symptoms:

paroxysms of coughing;

inspiratory "whoop"; or

post-tussive vomiting; AND, contact with a laboratory-confirmed case of pertussis.

Comment

The clinical case definition above is appropriate for endemic or sporadic cases. In outbreak settings, a case may be defined as a cough illness lasting at least 2 weeks (as reported by a health professional).